

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
---	---	--

1.0	PHA Information PHA Name: <u>The Housing Authority of the City of Long Beach</u> PHA Code: <u>MS109</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: <u>07/01/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>75</u> Number of HCV units: <u>97</u>					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
+	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p style="text-align: center;"><i>TO PROMOTE ADEQUATE AND AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY AND A SUITABLE LIVING ENVIRONMENT FREE FROM DISCRIMINATION.</i></p>					
5.2 <i>Attachment a</i>	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
6.0 <i>Attachment b</i>	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <p style="text-align: center;">PHA Management Office 102 North Girard Long Beach, MS 39560</p>					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.					
<i>Attachments</i>	<u>(c) MS26P109501-08</u>		<u>(d) MS26S109501-09</u>		<u>(e) MS26P109501-09</u>	
	<u>(f) MS26S109501-10</u>		<u>(g) MS26P109501-11</u>			
8.2 <i>Attachment h</i>	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.					

<p>9.0</p> <p><i>Attachment i</i></p>	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
<p>9.1</p> <p><i>Attachment j</i></p>	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
<p>10.0</p> <p><i>Attachment k</i></p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
<p>11.0</p> <p><i>Certifications</i></p>	<p>Required Submission for HUD Field Office Review.</p> <p>In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p><u>ATTACHED ELECTRONICALLY WITH THE PHA PLAN</u></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p><u>ADDITIONAL REQUIRED CERTIFICATIONS</u></p> <p>(j) Civil Rights Certification, form HUD-50077-CR</p> <p>(k) Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan to Accompany form HUD-50075 PHA 5-Year and Annual Plan</p>
<p><i>Attachment l</i></p>	<p>(l) The Violence Against Women and Justice Department Reauthorization Act of 2005;</p>

ATTACHMENT (a)

Goals and Objectives **The Housing Authority of the City of Long Beach**

1. Expand the supply of assisted housing by:
 - A. Reducing public housing vacancies by maintaining vacancies under 3%
2. Improve the quality of assisted housing by:
 - A. Improving public housing management
 1. Score 90 % or better on PHAS
 2. Renovate or modernize public housing units
3. Provide an improved living environment by:
 - A. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. These measures are ongoing.
 - B. Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments. These measures are ongoing.
 - C. Implement public housing security improvements. These measures are ongoing.
4. Promote self-sufficiency and asset development of assisted households by:
 - A. Providing or attracting supportive services to improve assistance recipients' employability
 - B. Provide or attract supportive services to increase independence for the elderly or families with disabilities.
5. Ensure equal opportunity and affirmatively further fair housing by:
 - A. Undertaking affirmative measures to ensure access to assisted housing regardless of race, color religion, nation origin, sex, familial status, and disability.
 - B. Undertaking affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability.
 - C. Undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

ATTACHMENT (b)

PHA PLAN UPDATE

The Housing Authority of Long Beach had no changed elements since the last Annual Plan Submission.

ATTACHMENT (c)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26P109501-08 Replacement Housing Factor Grant No Date of CFFP		FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21)	\$16,374.00	\$16,374.00	\$16,374.00	\$14,393.40
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$21,311.00	\$21,311.00	\$21,311.00	\$7,726.75
5	1411 Audit	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$72,650.00	\$70,316.00	\$70,316.00	\$70,316.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	1500 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$111,335.00	\$109,001.00	\$109,001.00	\$92,436.15
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 581 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>La Nilla Davis</i>		Date <i>8/26/11</i>		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFF grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Expires 4/30/2011

PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26P109501-08 CFFP (Yes/ No): No Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008				
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	OPERATIONS	1406	1	\$16,374.00	\$16,374.00	\$16,374.00	\$14,393.40	88%
	ADMINISTRATION	1410	1	\$21,311.00	\$21,311.00	\$21,311.00	\$7,726.75	36%
	AUDIT	1411	1	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00	0%
	DWELLING IMPROVEMENTS	1460	75	\$72,650.00	\$70,316.00	\$70,316.00	\$70,316.00	100%
		TOTALS		\$111,335.00	\$109,001.00	\$109,001.00	\$92,436.15	85%

² To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

[illegible]

Page3

ATTACHMENT (d)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHIA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26S109501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1466 Operations (may not exceed 20% of line 21)				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$18,402.00		\$18,402.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$43,171.00		\$43,171.00	\$43,171.00
12	1470 Non-dwelling Structures	\$76,400.00		\$76,400.00	\$74,700.05
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHIA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 3% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$137,973.00		\$137,973.00	\$117,871.05
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Samuel Davis</i>		Date 8/26/11		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report.² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.⁴ RLF funds shall be included here.

ATTACHMENT (d)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26S109501-09 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE		1460		\$18,402.00		\$18,402.00	\$0.00	0%
		1465.1		\$43,171.00		\$43,171.00	\$43,171.00	100%
		1470		\$76,400.00		\$76,400.00	\$74,700.05	98%
		TOTALS		\$137,973.00		\$137,973.00	\$117,871.05	85%

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

ATTACHMENT (d)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 3/31/2014

Part I: Summary

PHA Name: Long Beach Housing Authority	Grant Type and Number Capital Fund Program Grant No: MS26P109501-09 Replacement Housing Factor Grant No: N/A Date of CFP: N/A	FFY of Grant: 2009 FFY of Grant Approval:
---	--	--

Type of Grant
☐ Original Annual Statement
☐ Performance and Evaluation Report for Period Ending:
☐ Reserve for Disasters/Emergencies
☒ Revised Annual Statement (revision no: 1)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$21,686.60	\$21,686.60		
3	1408 Management Improvements	\$20,000.00	\$14,000.00		
4	1410 Administration (may not exceed 10% of line 21)	\$10,843.30	\$10,843.30		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$ 2,500.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$10,000.00	\$25,400.00		
10	1460 Dwelling Structures	\$35,000.00	\$25,000.00		
11	1465 1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures		\$ 6,000.00		
13	1475 Non-dwelling Equipment		\$ 3,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Long Beach Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 97,529.90	\$ 108,433.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Sarah Davis</i>		Date 7-22-11	Signature of Public Housing Director <i>Holly Knight</i>		Date 8/2/11

- ¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Holly Knight
Hub Director

PHA Name:

**Housing Authority of the
City of Long Beach**

Capital Fund Program Grant No: **MS26P109501-09**

CFFP (Yes/ No): **No**

Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009

TOTALS

\$97,529.90

\$108,433.00

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

ATTACHMENT (e)

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

ATTACHMENT (f)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26P109501-10 Replacement Housing Factor Grant No: Date of CFFP		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	\$108,433.00	\$108,068.00	\$0.00	
3	1403 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465 1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities ³				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 3% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$108,433.00	\$108,068.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Janette Dawson</i>		Date <i>8/26/11</i>		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

ATTACHMENT (f)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No: MS26P109501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATIONS	1406	1	\$108,433.00	\$108,068.00	\$0.00		0%
		TOTALS		\$108,433.00	\$108,068.00			0%

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

ATTACHMENT (g)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Long Beach		Grant Type and Number Capital Fund Program Grant No. MS26P109501-11 Replacement Housing Factor Grant No. Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	\$108,068.00	\$89,224.00	\$0.00	
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ³				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$108,068.00	\$89,224.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Shirley Davis</i>		Date <i>8/26/11</i>		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

ATTACHMENT (g)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

²To be completed for the Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part III: Implementation Schedule for Capital Fund Financing Program

Federal FFY of Grant: 2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary

PHA Name/Number HOUSING AUTHORITY OF THE CITY OF LONG BEACH			Locality: LONG BEACH, HARRISON, MISSISSIPPI		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name <u>MS109 PHA WIDE</u>	Work Statement for Year <u>1</u> <u>FFY 2011</u>	Work Statement for Year <u>2</u> <u>FFY 2012</u>	Work Statement for Year <u>3</u> <u>FFY 2013</u>	Work Statement for Year <u>4</u> <u>FFY 2014</u>	Work Statement for Year <u>5</u> <u>FFY 2015</u>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		\$89,224.00	\$89,224.00	\$89,224.00	\$89,224.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$89,224.00	\$89,224.00	\$89,224.00	\$89,224.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$89,224.00	\$89,224.00	\$89,224.00	\$89,224.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>2</u> FFY <u>2012</u>			Work Statement for Year: <u>3</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OPERATIONS	1	\$89,224.00		1	\$89,224.00
Annual						
Statement						
	Subtotal of Estimated Cost		\$89,224.00	Subtotal of Estimated Cost		\$89,224.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>4</u> FFY <u>2014</u>			Work Statement for Year: <u>5</u> FFY <u>2015</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OPERATIONS	1	\$89,224.00		1	\$89,224.00
Annual						
Statement						
	Subtotal of Estimated Cost		\$89,224.00	Subtotal of Estimated Cost		\$89,224.00

ATTACHMENT (i)

Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input checked="" type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	188		
Extremely low income <=30% AMI	137	73%	
Very low income >30% but <=50% AMI	37	20%	
Low income >50% but <80% AMI	14	7%	
Families with children	165	88%	
Elderly families	7	4%	
Families with Disabilities	27	14%	
Race/ethnicity #1	2	12%	
Race/ethnicity #2	14	88%	
Race/ethnicity	-		
Race/ethnicity	-		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	21	11%	
2 BR	43	23%	
3 BR	97	52%	
4 BR	27	14%	
5 BR	0		
5+ BR	0		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

ATTACHMENT (j)

Strategies for addressing affordable housing needs

If a shortage of affordable housing units exist, qualifying families have available to them Section 8 and other types of assisted units in the area.

Strategy 1: Maximize the number of affordable units available to the PHA within its current resources by:

- A. Employ effective maintenance and management policies to minimize the number of public housing units off-line
- B. Reduce turnover time for vacated public housing units
- C. Reduce time to renovate public housing units
- D. Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

Strategy 2: Increase the number of affordable housing units by:

- A. Pursue housing resources other than public housing.

Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

- A. Adopt rent policies to support and encourage work

Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

- A. Adopt rent policies to support and encourage work

The Elderly

Strategy 1: Target available assistance to the elderly:

- A. Seek designation of public housing for the elderly.

Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

- A. Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing

Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

- A. Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Strategy 2: Conduct activities to affirmatively further fair housing

- A. Counsel residents as to location of units outside of areas of poverty or minority concentration and assist them to locate assisted units such as section 8.

(2) Reasons for Selecting Strategies

- A. Funding constraints
- B. Staffing constraints

ATTACHMENT (k)

A. Progress in meeting Mission & Goals

The Housing Authority (HA) has completed modernization programs on a portion of the housing units during 2010. During 2010 the Housing Authority maintained a vacancy rate for Public Housing of less than (3) percent. This would indicate that the Housing Authority is meeting or exceeding the HUD goal of increasing the availability of decent, safe, affordable housing in good repair. This Housing Authority is striving to improve the community quality of life and economic suitability by recruiting a tenant body composed of families with a broad range of incomes to avoid concentration of the most economically deprived families. The HA has used a local preference system to select from applicants on the waiting list who have family incomes within adopted income ranges. This HA will continue its efforts to improve security in our developments working with the City and County law enforcement agencies and enforce the Screening and Eviction Policy (Formerly “One Strike”).

B. Significant amendment and Substantial Deviation

“Substantial Deviation” of the Annual Plan from the 5-Year Plan is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

“Significant Amendment or Modification” of the Annual Plan or 5-Year Plan is:

- i. Changes to rent or admissions policies or organization of the waiting list; or
- ii. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.

C. Other Information

Congress passed the Omnibus Appropriations Act of 2009 and said bill became Public Law 111-8 on March 11, 2009. Section 212 exempts the county of Los Angeles, California and the states of Alaska, Iowa, and Mississippi from the requirement to have a resident as a member of the governing board; provided that a minimum of six residents of public housing or Section 8 Assistance provide advice and comments to the PHA. The Advisory Board shall meet no less than quarterly.

ATTACHMENT (I)

THE HOUSING AUTHORITY OF THE CITY OF LONG BEACH POLICY ON VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The Violence Against Women and Justice Department Reauthorization Act (VAWA) prohibits The Housing Authority of the City of Long Beach (HA) to evict or remove assistance from certain persons (including members of the victim's immediate family) living in the HA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women and Justice Department Reauthorization Act of 2005.

The HA will accept certification from alleged victims in verifying this claim by a HA resident.

The VAWA provides "criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant's family is the victim or threatened victim of that abuse." VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the HA's authority to terminate the tenancy of any tenant if the HA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the HA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

ATTACHMENT (I)

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the HA within 14 business days after the individual claiming victim status receives a request for such certification. The HA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The HA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the HA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the HA may proceed with assistance termination.

The HA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the HA deems the victim's life to be in imminent danger.

In extreme circumstances when the HA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the HA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The HA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the HA that the incident or incidents of abuse are bona fide

All information provided to the HA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The HA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the HA that are intended to support assist victims of domestic violence described above.